

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ation
- ☐ Amend-
ment
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**CHILDREN'S WISH FOUNDATION INTERNATIONAL**

Number and street (or P.O. box if mail is not delivered to street address)

8615 ROSWELL ROAD

Room/suite

City or town, state or country, and ZIP + 4

ATLANTA, GA 30350**D** Employer identification number**58-1642982****E** Telephone number**(770) 393-9474****F** Accounting method☐ Cash☒ Accrual

(specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: **WWW.CHILDRENSWISH.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **13,391,631.****M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:						
	a	Contributions to donor advised funds	1a					
	b	Direct public support (not included on line 1a)	1b	12,971,987.				
	c	Indirect public support (not included on line 1a)	1c					
	d	Government contributions (grants) (not included on line 1a)	1d					
	e	Total (add lines 1a through 1d) (cash \$ 9,124,201. noncash \$ 3,847,786.)	1e	12,971,987.				
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2					
	3	Membership dues and assessments	3					
	4	Interest on savings and temporary cash investments	4	43,199.				
	5	Dividends and interest from securities	5					
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c					
	7	Other investment income (describe ▶)	7					
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	230,397.	(B) Other	8a	1,084.
	b	Less: cost or other basis and sales expenses	8b	230,218.	8b	1,259.		
	c	Gain or (loss) (attach schedule)	8c	179.	8c	-175.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	STMT 1	STMT 2	8d	4.		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
	a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	25,298.				
Expenses	b	Less: direct expenses other than fundraising expenses	9b	31,531.				
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	-6,233.				
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c					
	11	Other revenue (from Part VII, line 103)	11	119,666.				
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	13,128,623.				
	13	Program services (from line 44, column (B))	13	6,395,399.				
	14	Management and general (from line 44, column (C))	14	1,219,216.				
	15	Fundraising (from line 44, column (D))	15	6,104,702.				
Net Assets	16	Payments to affiliates (attach schedule)	16					
	17	Total expenses. Add lines 16 and 44, column (A)	17	13,719,317.				
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-590,694.				
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,758,445.				
	20	Other changes in net assets or fund balances (attach explanation)	20	-93,747.				
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,074,004.					

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) STATEMENT 6	23 2,900,711.	2,900,711.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 602,734.	433,969.	162,738.	6,027.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 602,745.	433,977.	162,741.	6,027.
27 Pension plan contributions not included on lines 25a, b, and c	27 36,647.	26,386.	9,895.	366.
28 Employee benefits not included on lines 25a - 27	28 130,886.	94,238.	35,339.	1,309.
29 Payroll taxes	29 74,588.	53,703.	20,139.	746.
30 Professional fundraising fees	30 6,083,334.			6,083,334.
31 Accounting fees	31 131,531.		131,531.	
32 Legal fees	32 360,842.		360,842.	
33 Supplies	33 11,170.	8,042.	3,016.	112.
34 Telephone	34 37,668.	27,121.	10,170.	377.
35 Postage and shipping	35 134,823.	97,072.	36,403.	1,348.
36 Occupancy	36 87,941.	63,318.	23,744.	879.
37 Equipment rental and maintenance	37 41,401.	29,809.	11,178.	414.
38 Printing and publications	38 9,464.	6,815.	2,554.	95.
39 Travel	39 21,134.	15,216.	5,707.	211.
40 Conferences, conventions, and meetings	40 7,044.	5,072.	1,902.	70.
41 Interest	41 22,569.	16,250.	6,093.	226.
42 Depreciation, depletion, etc. (attach schedule)	42 106,104.	76,395.	28,648.	1,061.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g 2,315,981.	2,107,305.	206,576.	2,100.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 13,719,317.	6,395,399.	1,219,216.	6,104,702.

Joint Costs. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 5,816,195.; (ii) the amount allocated to Program services \$ 1,768,605.;

(iii) the amount allocated to Management and general \$ 0.; and (iv) the amount allocated to Fundraising \$ 4,047,590.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 9	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a CHILDREN'S WISHES - ALL EXPENSES INCURRED TO FULFILL THE WISHES OF SERIOUSLY ILL CHILDREN AND THEIR FAMILIES. THIS IS A ONCE IN A LIFETIME EXPERIENCE FOR A CHILD FACING THE MOST DEVASTATING CIRCUMSTANCES, THEREFORE CARE IS TAKEN TO ENSURE THAT THE QUALITY OF EACH WISH FAR EXCEEDS THE EXPECTATIONS OF THE CHILD.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,571,665.
b SEE STATEMENT 7	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,730,052.
c SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	93,682.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	6,395,399.

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Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	170,642.	45	223,223.
	46 Savings and temporary cash investments	26,063.	46	116,760.
	47 a Accounts receivable	47a 113,180.		
	b Less: allowance for doubtful accounts	47b	138,188.	47c 113,180.
	48 a Pledges receivable	48a 1,093,852.		
	b Less: allowance for doubtful accounts	48b 659,382.	278,625.	48c 434,470.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		99,483.	52 230,439.
	53 Prepaid expenses and deferred charges		312,561.	53 208,611.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		725,913.	54a 486,788.
	b Investments - other securities STMT 15 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		42,660.	54b 150,343.
	55 a Investments - land, buildings, and equipment, basis STMT 10	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other			56
57 a Land, buildings, and equipment: basis	57a 2,193,769.			
b Less: accumulated depreciation STMT 12	57b 1,290,051.	990,326.	57c 903,718.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 13)		16,006.	58 21,533.	
59 Total assets (must equal line 74). Add lines 45 through 58		2,800,467.	59 2,889,065.	
Liabilities	60 Accounts payable and accrued expenses		522,025.	60 480,079.
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees			63
	64 a Tax-exempt bond liabilities			64a
	b Mortgages and other notes payable STMT 14		519,997.	64b 1,334,982.
	65 Other liabilities (describe ►)			65
	66 Total liabilities. Add lines 60 through 65		1,042,022.	66 1,815,061.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		1,381,586.	67 550,293.
	68 Temporarily restricted		376,859.	68 523,711.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,758,445.	73 1,074,004.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,800,467.	74 2,889,065.

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a	Total revenue, gains, and other support per audited financial statements		a	13,034,876.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-93,747.	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	-93,747.
c	Subtract line b from line a		c	13,128,623.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	13,128,623.

a Total expenses and losses per audited financial statements		a	13,719,317.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	0.
c Subtract line b from line a		c	13,719,317.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17). Add lines c and d		e	13,719,317.

[illegible]

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 18</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	19
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(770) 393-9474</u> Located at <u>P.O. BOX 28785, ATLANTA, GA</u> ZIP + 4 <u>30358</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>UNITED KINGDOM</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	X
If "Yes," enter the name of the foreign country N/A			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ..		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year		92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	43,199.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	4.	
101 Net income or (loss) from special events			01	-6,233.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTIES			15	119,666.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		156,636.	0.
105 Total (add line 104, columns (B), (D), and (E))					156,636.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
100	MISCELLANEOUS RECEIPTS RELATING TO ORGANIZATIONS CHARITABLE PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Signature of officer: <i>Susan D. Sprague</i> Date: <i>3/30/09</i>			
Type or print name and title: <i>Susan D. Sprague Chief Financial Officer</i>			
Paid Preparer's Use Only	Preparer's signature: <i>[Signature]</i> Date: <i>3/28/09</i> Firm's name (or yours if self-employed), address, and ZIP + 4: <i>FRANK & COMPANY, P.C. 1360 BEVERLY ROAD, SUITE 300 MCLEAN, VA 22101</i>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X): EIN: <i>703-821-0702</i> Phone no.: <i>703-821-0702</i>

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization	Employer identification number
CHILDREN'S WISH FOUNDATION INTERNATIONAL	58 1642982

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JACQUELYN NILES 8615 ROSWELL RD, ATLANTA, GA 30350	PROGRAM SERVICE DIR. 40.00	59,000.	12,564.	3,907.
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HERITAGE PUBLISHING 2402 WILDWOOD AVENUE, SUITE 500, SHERWOOD, AR 721	FUNDRAISING DONOR ACQUISITION	2039152.
VEHICLE DONATION PROCESSING CENTER 626 S. PRIMROSE AVENUE, MONROVIA, CA 91016-3434	VEHICLE PROCESSING	631,447.
PCI 50 PEACHTREE NW SUITE 401, ATLANTA, GA 30303	INFORMATION TECHNOLOGY	218,533.
ARTHUR BENSON AND ASSOCIATES 40006 CENTRAL PO BOX 119007, KANSAS CITY, MO 6417	LEGAL	149,429.
FRANK & COMPANY 1360 BEVERLY ROAD, SUITE 300, MCLEAN, VA 22101	ACCOUNTING	114,185.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HERITAGE PUBLISHING 2402 WILDWOOD AVENUE, SUITE 500, SHERWOOD, AR 721	TELEMARKETING	2817399.
VEHICLE DONATION PROCESSING CENTER 11500 OLYMPIC BLVD, SUITE 540, LOS ANGELES, CA 90	VEHICLE PROCESSING	273,533.
NAEIR P.O. BOX 8076, GALESBURG, IL 61402	SERVICE FEE	234,291.
US POSTMASTER WASHINGTON, DC	SHIPPING	198,833.
UNITED PARCEL SERVICE P.O. BOX 650580, DALLAS, TX 75265	SHIPPING	126,970.
Total number of other contractors receiving over \$50,000 for other services	2	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities? SEE STATEMENT 19	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 20	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966? N/A	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	
d Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12,982,153.	13,408,928.	15,051,926.	14,889,985.	56,332,992.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	54,420.	26,668.	15,936.	13,213.	110,237.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	246,746.	245,736.	141,379.	115,789.	749,650.
23 Total of lines 15 through 22	13,283,319.	13,681,332.	15,209,241.	15,018,987.	57,192,879.
24 Line 23 minus line 17	13,283,319.	13,681,332.	15,209,241.	15,018,987.	57,192,879.
25 Enter 1% of line 23	132,833.	136,813.	152,092.	150,190.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,143,858.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 57,192,879.
d Add: Amounts from column (e) for lines: 18 110,237. 19 22 749,650. 26b					26d 859,887.
e Public support (line 26c minus line 26d total)					26e 56,332,992.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.4965%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	VARIESL				165,000.			165,000.			0.
2	BUILDING	VARIESL		.000	16	1255786.			1255786.	627,090.		54,355.
3	FURNITURE	VARIESL		.000	16	355,774.			355,774.	355,774.		0.
4	EQUIPMENT	VARIESL		.000	16	336,341.			336,341.	197,775.		45,135.
5	LAND IMPROVEMENT	VARIESL		.000	16	79,367.			79,367.	3,307.		6,614.
6	(D)EQUIPMENT	VARIESL		.000	16	1,500.			1,500.	241.		0.
* TOTAL 990 PAGE 2						2193768.		0.	2193768.	1184187.	0.	106,104.
DEPR												

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SMITH BARNEY - MONEY MARKETS	230,397.	226,462.	0.	3,935.
LOSS ON ANNUITY	0.	3,756.	0.	-3,756.
TO FORM 990, PART I, LINE 8	230,397.	230,218.	0.	179.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,084.	1,500.	0.	241.	-175.
TO FM 990, PART I, LN 8	1,084.	1,500.	0.	241.	-175.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
SPECIAL EVENTS	25,298.		25,298.	31,531.	-6,233.
TO FM 990, PART I, LINE 9	25,298.		25,298.	31,531.	-6,233.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

-93,747.

TOTAL TO FORM 990, PART I, LINE 20

-93,747.

FORM 990

OTHER EXPENSES

STATEMENT

5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AMORTIZATION	10,015.	7,211.	2,704.	100.
PROFESSIONAL SERVICES	3,360.		3,360.	
CAGING	80,069.		80,062.	7.
OFFICE EXPENSE	55,192.	39,738.	14,902.	552.
REGISTRATION FEES	11,082.		11,082.	
PROGRAM SERVICES AND DEVELOPMENT	39,833.	39,833.		
DUES AND FEES	6,640.	4,781.	1,793.	66.
DIRECT MAIL EXPENSES	137,074.	137,074.		
REPAIRS & MAINTENANCE	21,597.	15,551.	5,830.	216.
PUBLIC RELATIONS	169,723.	123,433.	46,290.	
BANK CHARGES AND FEES	9,451.	6,805.	2,551.	95.
COMPUTER EXPENSE	114,174.	82,454.	30,920.	800.
MISCELLANEOUS	20,415.	14,699.	5,511.	205.
BAD DEBTS	766.	552.	206.	8.
TELEMARKETING EXPENSES	1,631,531.	1,631,531.		
ANALYSIS CHARGES	5,059.	3,643.	1,365.	51.
TOTAL TO FM 990, LN 43	2,315,981.	2,107,305.	206,576.	2,100.

FORM 990

SPECIFIC ASSISTANCE TO INDIVIDUALS

STATEMENT 6

DESCRIPTION

AMOUNT

WISH FULFILLMENT FOR VARIOUS INDIVIDUALS INCLUDES TRAVEL,
HOTEL, MEALS, ETC.

1,330,399.

DONATED TOYS, BOOKS, & OTHER CHILDRENS NOVELTY ITEMS FOR
VARIOUS INDIVIDUALS

1,570,312.

TOTAL TO FORM 990, PART II, LINE 23

2,900,711.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

FAMILY SERVICES - ALL EXPENSES INCURRED TO ASSIST FAMILIES AND PROGRAMS IN ORDER TO PROMOTE A MORE POSITIVE ENVIRONMENT FOR SERIOUSLY ILL CHILDREN WHILE THEY ARE RECEIVING TREATMENT. THE HOSPITAL ENRICHMENT PROGRAM PROVIDES EDUCATIONAL AND ENTERTAINMENT MATERIALS TO HOSPITALS AND HEALTHCARE FACILITIES AROUND THE WORLD. THE CELEBRATION OF LIFE PROGRAMS BRING MAGIC TO CHILDREN THROUGHOUT THE YEAR.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

3,730,052.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

EDUCATION/PUBLIC AWARENESS - ALL EXPENSES INCURRED TO EDUCATE THE GENERAL PUBLIC ABOUT THE NEEDS AND WISHES OF SERIOUSLY ILL CHILDREN. ALSO, ALL EXPENSES INCURRED TO INFORM THE PUBLIC TO PARTICIPATE IN THE FOUNDATION'S MISSION. THIS EDUCATES THE PUBLIC ABOUT WAYS THEY CAN SUPPORT THE SERIOUSLY ILL CHILDREN IN THEIR COMMUNITY AS WELL AS HELPING CHILDREN FEEL SUPPORTED, LOVED AND CARED FOR.

TO FORM 990, PART III, LINE C

GRANTSEXPENSES93,682.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	9
	PART III		

EXPLANATION

CHILDREN'S WISH FOUNDATION INTERNATIONAL FULFILLS WISHES FOR SERIOUSLY AND TERMINALLY ILL CHILDREN AROUND THE WORLD. SINCE CWFI'S INCEPTION IN 1985, THE FOUNDATION HAS CREATED THOUSANDS OF ONCE IN A LIFETIME WISHES AND OPPORTUNITIES FOR THESE CHILDREN, PROVIDING THEM AND THEIR FAMILIES WITH MEMORIES TO CHERISH FOREVER. IN ADDITION, CWFI TOUCHES THE LIVES OF OVER 100,000 CHILDREN EACH YEAR THROUGH CWFI'S HOSPITAL ENRICHMENT PROGRAMS. THESE PROGRAMS PLACE EDUCATIONAL AND ENTERTAINMENT MATERIALS IN CHILDREN'S HOSPITALS AND OTHER FACILITIES INCLUDING COMPUTERS, VCR'S , LIBRARIES OF SOFTWARE AND VIDEOTAPES, BOOKS AND GAMES, KEEPING THE CHILDREN ACTIVE, ALERT, AND DIVERTED FROM THE REALITY OF THEIR HOSPITALIZATION.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
VARIOUS	FMV	133,881.			133,881.
VARIOUS	FMV			302,668.	302,668.
TO FORM 990, LINE 54A, COL B		133,881.		302,668.	436,549.

FORM 990

GOVERNMENT SECURITIES

STATEMENT 11

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
VARIOUS	FMV	50,239.		50,239.
TOTAL TO FORM 990, LINE 54A, COL B		50,239.		50,239.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	165,000.	0.	165,000.
BUILDING	1,255,786.	681,445.	574,341.
FURNITURE	355,774.	355,774.	0.
EQUIPMENT	336,341.	242,910.	93,431.
LAND IMPROVEMENT	79,367.	9,921.	69,446.
TOTAL TO FORM 990, PART IV, LN 57	2,192,268.	1,290,050.	902,218.

FORM 990

OTHER ASSETS

STATEMENT 13

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS	7,498.	7,498.
INTEREST RECEIVABLE	310.	310.
LOAN COSTS, NET OF AMORTIZATION	8,198.	13,725.
TOTAL TO FORM 990, PART IV, LINE 58	16,006.	21,533.

FORM 990

MORTGAGES PAYABLE

STATEMENT 14

DESCRIPTIONBALANCE DUE

RBC CENTURA BANK

1,334,982.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

1,334,982.

FORM 990

OTHER SECURITIES

STATEMENT 15

SECURITY DESCRIPTIONCOST/FMVOTHER
SECURITIES

VARIOUS

FMV

150,343.

TO FORM 990, LINE 54B, COL B

150,343.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 16
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ARTHUR J. STEIN 8615 ROSWELL ROAD ATLANTA, GA 30350	PRESIDENT & CEO 40.00	191,442.	61,269.	5,408.
ED CARMICHEL 8615 ROSWELL ROAD ATLANTA, GA 30350	CHAIRMAN 1.00	0.	0.	0.
PAUL GATTI 8615 ROSWELL ROAD ATLANTA, GA 30350	DIRECTOR 1.00	0.	0.	0.
RON HERMAN 8615 ROSWELL ROAD ATLANTA, GA 30303	DIRECTOR 1.00	0.	0.	0.
JOHN EAGLESON 8615 ROSWELL ROAD ATLANTA, GA 30303	DIRECTOR 1.00	0.	0.	0.
SCOTT EISENBERG 8615 ROSWELL ROAD ATLANTA, GA 30303	DIRECTOR 1.00	0.	0.	0.
THERESA SPRALLING 8615 ROSWELL ROAD ATLANTA, GA 30303	DIRECTOR 1.00	0.	0.	0.
LINDA DOZORETZ, NOT A BOARD MEMBER 8615 ROSWELL ROAD ATLANTA, GA 30303	EXECUTIVE DIRECTOR, SEC/TR 40.00	175,489.	62,535.	4,473.
SUSAN SPRAGUE, NOT A BOARD MEMBER 8615 ROSWELL ROAD ATLANTA, GA 30303	CHIEF FINANCIAL OFFICER 40.00	63,250.	38,868.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		430,181.	162,672.	9,881.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 17

INDIVIDUAL'S NAMETITLE OR ROLE

ARTHUR STEIN

PRESIDENT & CEO

INDIVIDUAL'S NAMETITLE OR ROLE

LINDA DOZORETZ

EXECUTIVE DIRECTOR, SEC/TREA

EXPLANATION OF RELATIONSHIP

ARTHUR STEIN AND LINDA DOZORETZ ARE MARRIED.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN
PART VI, LINE 90

STATEMENT 18

STATESAK,AL,AZ,AR,CT,CA,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,ND,NC,OK
OH,PA,OR,SC,RI,UT,TN,WA,VA,WI,WV,CO,TX

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 19

ONE OF THE FOUNDATION'S KEY EMPLOYEES JOINTLY OWNS THE COMPANY THAT PERFORMS CLEANING SERVICE FOR THE FOUNDATION. DURING THE FISCAL YEAR ENDED JUNE 30, 2008, THE FOUNDATION PAID \$7,650 IN FEES TO THE COMPANY.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 20

THE FOUNDATION PAYS FOR OUT OF POCKET EXPENSES FOR THE OFFICERS AND DIRECTORS WHEN THEY ARE ACTING ON BEHALF OF AND FULFILLING THEIR RESPONSIBILITIES TO THE FOUNDATION. THE FOUNDATION PAID \$3,247 ON BEHALF OF OFFICERS FOR VARIOUS TRAVEL EXPENSES.

SCHEDULE A OTHER INCOME STATEMENT 21

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	246,746.	245,736.	141,379.	115,789.
TOTAL TO SCHEDULE A, LINE 22	246,746.	245,736.	141,379.	115,789.

CHILDREN'S WISH FOUNDATION INTERNATIONAL

58-1642982

FORM 990

STATEMENT OF PROFESSIONAL FEES

STATEMENT 22

DESCRIPTION

AMOUNT

PROFESSIONAL FUNDRAISING FEES

TELEMARKETING EXPENSE
VEHICLE DONATION EXPENSE
DIRECT MAIL EXPENSE
PUBLIC RELATIONS
CONSULTING

3,467,002
2,033,685
580,588
1,714
345

TOTAL TO FORM 990, PART II, LINE 30

6,083,334

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

2007Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CHILDREN'S WISH FOUNDATION INTERNATIONAL FORM 990 PAGE 2**58-1642982****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	106,104.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	106,104.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2007 tax year:

43 Amortization of costs that began before your 2007 tax year **43****44** Total. Add amounts in column (f). See the instructions for where to report **44**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	CHILDREN'S WISH FOUNDATION INTERNATIONAL	58-1642982
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	8615 ROSWELL ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ATLANTA, GA 30350	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
 Telephone No. **(770) 393-9474** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ORGANIZATION IS AWAITING COMPLETION OF ITS FINANCIAL STATEMENT AUDIT TO ENSURE A COMPLETE AND ACCURATE FILING.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

Form 8868 (Rev. 4-2008)